Chapter 9 Medical Policy Audits 6000-6999 Individual Updates				
Document Version Number	**Revision Date**	**Revision Page Number(s)**	**Reason for Revisions**	**Revisions Completed By**
Version 7.3	September 29, 2006	Various	Update edits audits: 6703, 6758, 6767, 6778, 6779, 6780, and 6781	Anson Haley
Version 7.4	**November 8, 2006**	**Multiple**	**6003, 6069, 6096, 6125, 6156, 6220, 6360, 6400, 6501, 6502, 6516, 6600, 6649, 6653, 6653, 6654, 6654, 6655, 6656, 6656, 6657, 6657, 6658, 6659, 6660, 6750, 6751, 6754, 6806, 6858, 6917, 6918, 6920, 6921**	**Anson Haley**

Edit: ESC 6003 Manual Pricing for Split Care Billing

Note: Edit 6003 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	All, except MRT and PASRR	Detail	No	Yes	0

Disposition	M, O	A, B, C
00 Other	Suspend	Suspend
10 Paper w/o attach	Suspend	Suspend
11 Paper w/attach	Suspend	Suspend
20 ECS w/o attach	Suspend	Suspend
21 ECS w/attach	Deny	Suspend
22 Shadow	Deny	Deny
25 Point of Service w/o attach	Suspend	Deny
50 Voids/Replacement non-check related	Suspend	Suspend
51 Voids/Replacement check related	Suspend	Suspend
52 Shadow Replacement	Deny	Deny
55 Mass Replacement NH	Suspend	Suspend
56 Mass Replacement FIN	Suspend	Suspend
61 Elec. Replacement w/attach or claim note	Deny	Suspend
62 Elec. Replacement w/o attach or claim note	Suspend	Deny
64 Spend-down EOM auto-initiated Mass Replacement	Suspend	Suspend
72 Payer Elec. Replacement	Suspend	Suspend
80 Claims Reprocessed by EDS SE	Suspend	Suspend
90 Special Batch	Suspend	Suspend

Edit Description

Fail this edit if there is no price on file for the procedure code billed.

Edit Criteria

If a procedure code has a pricing indicator of “5”, “6”, or “7” on the procedure table and is billed with a modifier ‘55’, fail this edit with EOB 6003. Procedure codes listed in Procedure group 108 (see appendix) will automatically price at 90 percent of billed amount.

For Shadow claims, move the amount billed, to the amount allowed, and pay the claim as billed. Do not fail the claim for this edit.

EOB Code

6003 – The payment has been calculated according to current Medicaid policies.

9000 – The submitted charge exceeds the allowed charge. Claim paid at Medicaid allowed amount.

9002 – Actual itemized cost invoice must be submitted when billing this procedure code.

9006 – This item should not be billed with this procedure code.

9007 – A procedure code is required when billing this revenue code.

9008 – Line item submitted with unclear itemization. Please resubmit with appropriate and/or additional information.

9905 – Service denied—Medical Necessity documentation must be provided with claim stating the medical necessity.

ARC Code

A2 – Contractual adjustment

Remark Code

N14 – Payment based on a contractual amount of agreement, fee schedule, or maximum allowable amount.

Method of Correction

Check for keying errors and correct any errors found.

If no keying errors are found, price the claim per attached guidelines.

If invoice is required to price claim, and invoice is not present, deny the claim with EOB 9002.

If invoice is present, or if not necessary for service billed, calculate Medicaid payment using attached guidelines and EOB 6003.

On Surgery Codes that suspend for manual pricing we pay as follows:

Surgery codes ending in XXX99 are routed to PA.

These codes are paid at the operation report at 90% of billed.

These codes must have the operation report.

NOTE: If a reimbursement amount has not been approved by the State for a new HCPC code, then price the code on the aforementioned method until pricing is approved.

Audit: ESC 6069 Office Visits 50 per Year

Note: Audit 6069 revised effective October 25, 2006

Note: Effective June 11, 2003, this audit is inactive per the OMPP until the Rule change is implemented.

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	21	All	Detail	No	No	0

Disposition	Full Failure	Cutback
Paper Claim	Deny	Pay
ECS	Deny	Pay
Shadow	Deny	Pay
POS	N/A	N/A
Adjustments	Deny	Pay
Special Batch	Deny	Pay

Audit Description

This limitation audit will fail when a member receives more than **50** office visits per rolling 12 months from the same or different provider.

Audit Criteria

If the member for the dates of service billed and more than 50 office visits (99201-99205, 99211-99215, 99241-99245, 99271-99275, 99381-99387, 99391-99397, and 99401-99429) have been billed in any rolling 12 month period by the same or different provider, fail this audit with EOB 6069.

Provider specialty 212 (CSHCS care coordinator) will bypass this audit.

This audit is NOT active for Package C.

EOB Code

6069 – Reimbursement is limited to 50 office visits member per rolling 12 months unless prior authorization for additional services has been obtained.

ARC Code

119 - Benefit maximum for this time period or occurrence has been reached.

Method of Correction

Claims failing this audit systematically cutback.

Claims failing this audit systematically deny.

Audit: ESC 6096 The CPT/HCPCS Code Billed Is Not Payable According to the PPS Reimbursement Methodology

Note: Audit 6096 revised effective October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	00	All	Detail	No	**Yes**	0

Disposition	D
Paper Claim	Deny
ECS	Deny
Shadow	**Pay**
POS	Deny
Adjustments	Deny
Special Batch	Deny

Audit Description

This limitation audit will fail when an FQHC or RHC provider bills procedure code T1015 with a CPT/HCPCS code that is not considered a valid encounter.

Audit Criteria

When a provider bills procedure code T1015 with a CPT/HCPCS code that is not considered a valid encounter, deny the claim with audit 6096.

EOB Code

6096 – The CPT/HCPCS code billed is not payable according the to PPS reimbursement methodology.

ARC Code

96 – Non-covered service(s)

Remark Code

N59 – Please refer to your provider manual for additional program and provider information.

Method of Correction

Claims failing this audit will systematically deny.

Table 9-2.15 – Current and History Codes

Current	History
A0010-C9711	T1015
E0065-T1014	T1015
0001T-99600	T1015
T1016-Z9920	T1015

Table 9-2.16 – CPT and HCPCS Codes

CPT/HCPCS Codes that Meet the Criteria for a Valid Encounter Appear on HCPC Procedure Group Table 155-FQHC-New Group				
10040	10060	10061	10120	10140
10160	10180	11000	11040	11041
11042	11055	11056	11100	11101
11200	11201	11300	11301	11302
11310	11400	11401	11402	11403
11404	11420	11421	11422	11440
11441	11442	11620	11720	11721
11730	11740	11750	11900	11901
12001	12002	12011	12020	12034
15787	16010	16020	17000	17003
17004	17110	17250	17280	17281
19000	19100	20525	20550	20552
20600	20605	20610	20680	23930
26110	29425	29515	29540	29550
29580	30300	30901	31500	31515
31520	32002	32020	36000	36430
36600	36660	38505	39540	45330
46083	46600	46604	46608	54050
56420	56440	56441	56501	56605
57061	57160	57170	57452	57454
57460	57500	57505	57511	57520
58100	58300	58301	59025	59051
59409	59425	59426	59430	59812
62270	62272	64430	64450	69200
69210	69424	76805	76810	90782
90784	90801	90802	90804	90805

Table 9-2.16 – CPT and HCPCS Codes

CPT/HCPCS Codes that Meet the Criteria for a Valid Encounter Appear on HCPC Procedure Group Table 155-FQHC-New Group				
90806	90807	90808	90809	90810
90811	90812	90813	90814	90815
90816	90817	90818	90819	90820
90821	90822	90823	90824	90843
90844	90847	92002	92004	92012
92014	92100	92499	92547	92551
92552	92567	92568	93922	93925
93970	93971	94010	94060	94640
94656	94657	94664	94665	94799
95004	95115	95117	97601	97602
97802	97803	98925	98926	98927
98928	98929	99201	99202	99203
99204	99205	99211	99212	99213
99214	99215	99241	99242	99243
99244	99245	99271	99272	99273
99274	99275	99301	99302	99303
99311	99312	99313	99315	99341
99342	99343	99347	99348	99349
99350	99354	99355	99356	99357
99381	99382	99383	99384	99385
99386	99387	99391	99392	99393
99394	99395	99396	99397	99432
99450	99455	99456	99499	W0660
W0661	X3006			

Audit: ESC 6125 Cognitive Rehab is Limited to Proc and Diagnosis

Note: Audit 6125 New October 26, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	00	All	Detail	No		0

Disposition	Full Failure	Cutback
Paper Claim	Deny	Deny
ECS	Deny	Deny
Shadow	Deny	Deny
POS	Deny	Deny
Adjustments	Deny	Deny
Special Batch	Deny	Deny

Audit Description

This limitation audit will fail when a claim is billed for cognitive therapy, procedure codes 97532 or 97533 and is not billed with a diagnosis code that meets the definition of TBI.

Audit Criteria

Providers who bill a diagnosis that does not meet the criteria for Traumatic Brain Injury (TBI) in conjunction with procedure codes 97532 or 97533 will be denied with EOB 6125. Please see diagnosis codes that are excluded from this audit in the audit criteria for audit 6125.

EOB Code

6125 - Cognitive Rehabilitation is limited to procedure and diagnosis

ARC

47 - This (these) diagnosis(es) is (are) not covered, missing, or are invalid.

D21 - This (these) diagnosis(es) is (are) missing or are invalid.

Method of Correction

Claims failing this audit will be systematically denied.

Audit: ESC 6156 Procedure 99140 Must Be Billed With Anesthesia Code

Note: Audit 6156 revised November 1, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, M	21	All	Detail	No	No	

Disposition	Full Failure
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Deny
Special Batch	Deny

Audit Description

This Negative-Contra audit will fail when an anesthesia procedure code (00100-01995, 01999) is billed, and procedure code 99140-Anesthesia complicated by emergency conditions is not billed on the same claim.

Audit Criteria

Fail this audit, if the same or different provider bills an anesthesia procedure code(00100-01995, 01999, and anesthesia procedure code 99140 is not billed on the same claim.

EOB Code

6156 – Procedure code 99140 must be billed with anesthesia code.

ARC Code

16-Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes whenever appropriate.

Remark Code

M51- Missing, incomplete, invalid procedure code(s) and/or rates.

Method of Correction

Claims **failing** this audit will systematically deny.

Audit: ESC 6220 Replacement Greater Than Three Teeth – Denture Partial or Complete

Note: Audit 6120 revised October 26, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
D	21	All	Detail	No	No	0

Disposition	Full Failure	Cutback
Paper Claim	Deny	Pay
ECS	Deny	Pay
Shadow	Deny	Pay
POS	Deny	Pay
Adjustments	Deny	Pay
Special Batch	Deny	Pay

Audit Description

This limitation audit will fail when more than three teeth replacements are billed for the same member on the same date of service by the same or different provider and no approved prior authorization is on file.

Audit Criteria

When more than three teeth replacements (D5520, D5630, D5640, D5650, D5660) are billed for the same member on the same date of service by the same or different dentist (specialties 270-277) and no approved prior authorization is on file, fail this audit with EOB 6220.

EOB Code

6220 – Indiana Health Coverage Programs benefits allow reimbursement for three tooth replacements per day. Prior authorization is required if replacing more than three teeth on the same date of service.

ARC

62 - Payment denied/reduced for absence of, or exceeded, pre-certification authorization.

Method of Correction

- Full Failure
  Claims failing this audit systematically deny.

- Cutback
  Claims failing this audit systematically cutback.

Audit: ESC 6360 First Steps – Bill 92607TL Before Billing Addl Min

Note: Audit 6360 New November 6, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	**21**	**First Steps**	**Header**	**No**	**Yes**	**0**

Disposition	
Paper Claim	**Deny**
ECS	**Deny**
Shadow	**Deny**
POS	**Deny**
Adjustments	**Deny**
Special Batch	**Deny**

Audit Description

This negative contra-indicated audit will fail when 92608 TL 52 is billed and there is not a paid claim in history for 92607 TL 52.

Audit Criteria

First Steps procedure code 92608 TL 52 will fail this audit if a paid detail for procedure code 92607 TL 52 does not exist for the same date of service.

EOB Code

6360 - First Steps – Bill 92607 TL for the first hour of service before billing 92608 TL for additional minutes.

Method of Correction

Full Failure
Claims failing this audit will be systematically denied

Audit: ESC 6400 Joint Injections – Three per Month

Note: Audit 6400 revised October 27, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	**All except MRT and PASRR**	Detail	Yes	Yes	0

Disposition	Full Failure	Cutback
Paper Claim	Deny	Pay
Paper Claim w/attachment	Suspend	Suspend
ECS	Deny	Pay
ECS w/attachment	CCF	CCF
Shadow	Pay	Pay
POS	Deny	Pay
Adjustments	Deny	Pay
Special Batch	Suspend	Suspend

Audit Description

This limitation audit will fail when the same provider bills for more than three joint injections per month.

Audit Criteria

If joint injection(s) (procedure codes 20600, 20605, 20610) is billed and payment has been made to the same provider for three joint injections for the same member within 30 days of the date of service on the claim, deny the claim with ESC 6400.

Provider specialty 212 (CSHCS care coordinator) will bypass this audit.

Effective 4/1/03, the audit was changed from the following: joint injection(s) (procedure codes 20600, 20605, 20610) is billed and payment has been made to the same provider for 3 joint injections for the same recipient within 30 days of the date of service on the claim, deny with 6400 to the following:

Effective 4/1/03, the audit was changed from the following: joint injection(s) (procedure codes 20600, 20605, 20610) is billed and payment has been made to the same provider for 4 joint injections for the same recipient within 30 days of the date of service on the claim, deny with 6400 to the following:

EOB Codes

6400 – Joint injections are limited to three per month. Resubmit claim with documentation of the specific joints injected and dates of service for those injections.

ARC

B5- Payment adjusted because coverage/program guidelines were not met or were exceeded.

Method of Correction

- Full failure
  - Claims failing this audit systematically deny. Claims that are region 90, special batched, suspend to location 22, medical policy, for review.
- Cutback
  - Claims failing this audit systematically cutback. Claims that are region 90, special batched, will suspend to location 22, medical policy for review.
- Route claims with documentation to medical policy specialist.

Medical policy specialist instructions:

- Check for presence of documentation. If no documentation is present, deny the claim with EOB 6400.
- If medical documentation is present and it indicates the injections involve different joint sites, and supports that no more than three injections were given per site in a thirty day period, override the error and force the claim to pay.

Audit: ESC 6501 CLIA HCPCS Codes Not Payable on Same Date(s) of Service as CPT Codes

Note: Audit 6501 revised October 27, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	21	**All except PASRR**	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Deny
Special Batch	Deny

Audit Description

This contra-indicated audit will fail when one or more of the CLIA HCPCS laboratory procedure code(s) is billed by the same provider on the same date of service as the equivalent laboratory CPT code(s).

Audit Criteria

If a provider bills for a CLIA Equivalent Laboratory HCPCS code (Q0095, Q0097, Q0098, Q0100, Q0102) and one of the laboratory CPT-4 codes (81002, 82948, 84703, 85014, 85018, 85651) has already been paid for the same member for the same date of service to the same provider, fail this audit with EOB 6501.

Note: Laboratory procedure codes Q0095, Q0097, Q0098, Q0100, and Q0102 were end dated as of July 31, 1993.

EOB Code

6501 – This is a duplicate of a previously processed CPT-4 procedure code. Please verify the CPT-4 procedure code and resubmit claim with corrected information.

ARC

B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.

Method of Correction

Claims failing this audit systematically deny.

Related Audit

ESC 6502

Audit: ESC 6502 CLIA CPT Equivalent Codes Not Payable on Same Date(s) of Service as CLIA HCPCS Codes

Note: Audit 6502 revised October 27, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	21	**All except PASRR**	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Deny
Special Batch	Deny

Audit Description

This contra-indicated audit will fail when one or more of CPT-4 laboratory procedure code(s) is billed by the same provider on the same date of service as the equivalent CLIA HCPCS code(s).

Audit Criteria

If a provider bills CPT-4 equivalent laboratory code(s) (81002, 82948, 84703, 85014, 85018, 85651) and one or more of the laboratory HCPCS code(s) (Q0095, Q0097, Q0098, Q0100, Q0102) has already been paid for the same member for the same date of service to the same provider, fail this audit with EOB 6502.

Note: Procedure codes Q0095, Q0097, Q0098, Q0100, and Q0102 have been end-dated as of July 31, 1993.

EOB Code

6502 – This is a duplicate of a previously processed HCPCS code. Please verify HCPCS code and resubmit claim with the corrected information.

ARC

B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.

Method of Correction

Claims failing this audit systematically deny.

Related Audit

ESC 6501

AUDIT: ESC 6515 Inpatient Admit Date Within 3 days after DOS of Paid Outpatient Claim

Note: Edit 6515 revised October 25, 2006.

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
I, A	20	All	Header	Yes	Yes	0

Disposition	I	A
Paper Claim	Deny	Deny
ECS	Deny	Deny
Shadow	Pay	Pay
POS	N/A	N/A
Adjustments	Deny	Deny
Special Batch	Suspend	Suspend

Audit Description

Fail this readmission audit if an inpatient claim admission date is within 3 days after the date of service of a paid outpatient claim in history.

Audit Criteria

If an inpatient claim admission date is within 3 days after the date of service of a paid outpatient claim in history or in the same billing cycle and has the same or related primary diagnosis and same provider, fail this audit with EOB 6515.

EOB Code

6515 – inpatient admission date within 3 days after DOS of paid outpatient claim. Void/deny outpatient claim and resubmit inpatient claim with all DOS.

ARC Code

60 – Charges for outpatient services with this proximity to inpatient services are not covered.
96 – Non-covered charge(s)

Remark Code

M86 – Service denied because payment already made for similar procedures within set timeframes.

Method of Correction

- Claims failing this audit systematically deny.

Audit: ESC 6600 Lenses Initial or Replacement – Member 18 Years or Younger

Note: Edit 6600 revised October 26, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	21	All except MRT and PASRR	Detail	Yes	Yes	0

Disposition	Full Failure	Cutback
Paper Claim	Suspend	Suspend
Paper w/attachment	Suspend	Suspend
ECS	Suspend	Suspend
Shadow	Pay	Pay
Adjustments	Suspend	Suspend

Audit Description

This limitation audit will fail when more than one pair of lenses is billed per calendar year for members 18 years and under.

Audit Criteria

If lens procedure codes (V2100-V2218, V2220-V2599, V2780, Y5102-Y5107, Z0106-Z0109, Z0813, Z0820, Z0909, Z5000, or Z5006) are billed with modifier XP, XQ, or no modifier for a member 18 years or younger and payment has been made to any provider for lenses for the same member within a calendar year of the date of service on the claim, fail this audit *(405 IAC 5-23-4(5)).*

Provider specialty 212 (CSHCS care coordinator) will bypass this audit.

EOB Code

6600 – Lenses initial or replacement – Member 18 years or younger.

9600 – Reimbursement is limited to a maximum of one pair of lenses per 12 months for members 18 years old and younger. Providers must submit XP-modifier when members have met the minimum requirements for prescription change. XQ-modifier when lenses or frames have been lost, stolen, or broken beyond repair. Please resubmit the claim with the appropriate modifier.

9010 – Service is non-covered under the Indiana Health Coverage Programs.

ARC Code

7 - The procedure/revenue code is inconsistent with the patent's gender.

Remark Code

N29 - Missing documentation/orders/notes/summary/report/chart.

Method of Correction

Compare claim to suspense screen and correct errors, if any.

– If the replacement is due to a prescription change:

1. If the modifier XP is not in the modifier field, deny with EOB 9600.
2. If there is no related history, force the audit to pay.
3. If the modifier XP present in the modifier field, force the audit to pay.

– If the replacement is due to glasses that have been lost, stolen, or broken beyond repair:

1. If modifier XQ is not in the modifier field, deny with EOB 9600.
2. If there is no related history, force the audit to pay.
3. If modifier XQ present in the modifier field, force the audit to pay.

If a claim or lab bill indicates charges for fashion tints, gradient tints, sunglasses and/or photochromatic lenses, deny with EOB 9010.

Approve safety lenses for corneal lacerations and/or other severe intractable ocular adnexal disease. Otherwise, deny with EOB 9010.

Approve oversize lenses (lenses larger than 54 mm) if optometric necessity is indicated. Otherwise, deny EOB 9010

Audit: ESC 6649 Surgery Payable at Reduced Amount When Related Postoperative Care Paid

Note: Audit 6649 revised November 2, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	**All except MRT and PASRR**	Detail	Yes	Yes	0

Disposition	Full Failure	Cutback
Paper Claim	Suspend	Suspend
ECS	Suspend	Suspend
Shadow	Pay	Pay
POS	Suspend	Suspend
Adjustments	Suspend	Suspend
Special Batch	Suspend	Suspend

Audit Description

This umbrella audit will fail when the same provider who performed postoperative care within zero-90 days after the surgery bills for the surgical procedure.

Audit Criteria

If a provider bills a surgical procedure which has a value of 090 in the global surgery field on the Indiana Health Coverage Programs fee schedule database and payment has been made to the same provider for an evaluation and management visit (procedure codes, **99201, 99205**, 99211-99215, 99218-99223, 99231-99233, 99238, **99241-99245, 99293, 99294, 99295-99297, 99299**, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, 99351-99353 or 99431-99433) for the same member within zero to 90 days after the date of service of the surgery, fail this audit with EOB 6649.

EOB Codes

6649 – Reimbursement reflects the difference between Medicaid's allowable for the procedure billed and the amount paid for the component(s).

ARC Code

B10 - Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.

Method of Correction

Route the claim to the medical policy specialist. The medical policy specialist's instructions are as follows:

- Compare the claim to suspense screen and correct keying errors, if none, then
  - Determine the reason for the postoperative visit(s) paid in history.
  - If documented that the visit(s) was necessary to manage a surgical complication, override the audit. Surgical complications include, but are not limited to:
    - Postoperative wound infection requiring specialized treatment
    - Elevated temperature above 101 degrees Fahrenheit for two or more consecutive days
    - Medical complications due to anesthesia, other than nausea or vomiting
    - Nausea or vomiting that has persisted more than 24 hours
    - Renal failure
    - Comatose condition
    - Cardiovascular complications
  - If the surgical procedure is billed with modifier 54 (surgical care only) by the same provider and the necessity of the visit is documented and justified, override the audit.
  - If the surgical procedure is billed with modifier 24 (surgical care only) by the same provider and the necessity of the visit is documented and justified, override the audit.
  - If E & M visit was related to the surgery, calculate the amount due the provider by subtracting the total amount paid for the visit(s) from Medicaid's allowable for the surgery. Price the surgery using this amount and EOB 6649.
  - If the reason for the visit was not documented or documentation did not justify the E & M visit billed, calculate the amount due the provider by following the procedure in the previous step. Price the surgery using this amount and EOB 6649.

Related Audits

ESC 6653

Audit: ESC 6653 Postoperative Care Within Zero to 90 Days of Surgery

Note: Audit 6653 revised October 27, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
ECS w/attachment	CCF
Shadow	Pay
POS	Suspend
Adjustments	Suspend
Special Batch	Suspend

Audit Description

This umbrella audit will fail when the same provider who performed surgery bills for postoperative care up to 90 days after surgery.

Audit Criteria

If a provider bills an evaluation and management visit (procedure codes, **99201-99205**, 99211-99215, 99218-99223, 99231-99233, 99238, **99241-99245, 99293, 99294,** 99295-99297, **99299**, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, or 99351-99353) and payment has been made to the same provider for a surgical procedure with a value of 090 in the global surgery field of the Medicare fee schedule database for the same member 90 days after the date of service on the claim, fail this audit.

EOB Codes

6653 – Postoperative medical visits performed 90 days after surgery are payable only for a surgical complication and if documented as medically indicated. Documentation not present, or does not justify the visit billed.

ARC Code

97 - Payment is included in the allowance for another service/procedure.

Remark Code

M58 – Missing incomplete, or invalid claim information. Resubmit claim after corrections.

Method of Correction

Route the claim to the medical policy specialist. The medical policy specialist's instructions are as follows:

- Compare the claim to suspense screen and correct any keying errors. If no keying errors, check:
  - If the claim documents the surgical complication necessitating the visit, override the audit. Surgical complications include, but are not limited to:
    - Postoperative wound infection requiring specialized treatment
    - Elevated temperature above 101 degrees Fahrenheit for two or more consecutive days
    - Nausea/vomiting that has persisted more than 24 hours
    - Renal failure
    - Comatose condition
    - Cardiovascular complications
  - If the procedure paid was billed as surgical care only (modifier 54) by the same provider and the necessity of the visit is documented and justified, override the audit.
  - If visit is related to the original surgery, deny the service with EOB 6653.
  - If no documentation provided on or with the claim or documentation does not justify the visit, deny the service with EOB 6653.

Related Audits

ESC 6649

Audit: ESC 6654 Preoperative Care Within One Day of Surgery

Note: Audit 6654 revised November 2, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Pay
POS	Suspend
Adjustments	Suspend
Special Batch	Suspend

Audit Description

This umbrella audit will fail when the same provider who performed surgery bills for preoperative care zero to one day prior to surgery.

Audit Criteria

If a provider bills an evaluation and management visit (procedure codes, **99201-99205,** 99211-99215, 99218-99223, 99231-99233, 99238, **99241-99245, 99293, 99294,** 99295-99297, 99299, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, 99351-99353, **99431-99433, or 99351-99353**) and payment has been made to the same provider for a surgical procedure with a value of 090 in the global surgery field in the Medicare fee schedule database, for the same member within one day prior to the date of surgery (including the day of surgery), fail this audit.

EOB Code

6654 – Routine preoperative medical visits performed within one day prior to surgery are not separately payable. Documentation not present or not sufficient to justify care was of a nonroutine visit.

ARC Code

97 - Payment is included in the allowance for another service/procedure.

Remark Code

N29 - Missing documentation, orders, notes, summary, report, or chart.

Method of Correction

Route the claim to the medical policy specialist. The medical policy specialist's instructions are as follows:

Compare claim to suspense screen and correct any keying errors. If no keying errors, check:

– If the claim documents the reasons for the visit and they substantiate care above routine services (for example, case management), override the audit.

– If the procedure paid was billed as surgical care only (modifier 54) by the same provider, and the necessity of the visit is documented and justified, override the audit.

– If visit is related to the surgery, deny the service with EOB 6654.

– If no documentation is provided on the claim or documentation does not justify the visit, deny the service with EOB 6654.

Related Audits

ESC 6655

Audit: ESC 6654 Preoperative Care Within One Day of Surgery

Note: Audit 6654 revised October 25, 2006.

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Pay
POS	Suspend
Adjustments	Suspend
Special Batch	Suspend

Audit Description

This umbrella audit will fail when the same provider who performed surgery bills for preoperative care zero to one day prior to surgery.

Audit Criteria

If a provider bills an evaluation and management visit (procedure codes, 99211-99215, 99218-99223, 99231-99233, 99238, 99295-99297, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, or 99351-99353) and payment has been made to the same provider for a surgical procedure with a value of 090 in the global surgery field in the Medicare fee schedule database, for the same member within one day prior to the date of surgery (including the day of surgery), fail this audit.

EOB Code

6654 – Routine preoperative medical visits performed within one day prior to surgery are not separately payable. Documentation not present or not sufficient to justify care was of a nonroutine visit.

ARC Code

97 - Payment is included in the allowance for another service/procedure.

Remark Code

N29 - Missing documentation, orders, notes, summary, report, or chart.

Method of Correction

Route the claim to the medical policy specialist. The medical policy specialist's instructions are as follows:

Compare claim to suspense screen and correct any keying errors. If no keying errors, check:

– If the claim documents the reasons for the visit and they substantiate care above routine services (for example, case management), override the audit.

– If the procedure paid was billed as surgical care only (modifier 54) by the same provider, and the necessity of the visit is documented and justified, override the audit.

– If visit is related to the surgery, deny the service with EOB 6654.

– If no documentation is provided on the claim or documentation does not justify the visit, deny the service with EOB 6654.

Related Audits

ESC 6655

Audit: ESC 6655 Surgery Payable at Reduced Amount When Preoperative Care Paid

Note: Audit 6654 revised November 2, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Pay
POS	N/A
Adjustments	Suspend
Special Batch	Suspend

Audit Description

This umbrella audit will fail when the same provider who rendered preoperative care within zero to one day of surgery bills for the surgical procedure.

Audit Criteria

If a provider bills a surgical procedure which has a value of 090 in the global surgery field in the Medicare fee schedule database and payment has been made to the same provider for an evaluation and management visit (procedure codes 99201-99205, 99211-99215, 99218-99223, 99231-99233, 99238, **99241-99245, 99323, 99294**, 99295-99297, **99299**, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, or 99351-99353) for the same member within one day prior to the date of surgery (including the day of surgery), fail this audit.

EOB Code

6655 – Reimbursement reflects the difference between Medicaid's allowable for the procedure billed and the amount paid for the component(s).

ARC Code

B10 - Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.

Method of Correction

Route the claim to the medical policy specialist. The medical policy specialist's instructions are as follows:

- Compare the claim to suspense screen and correct any keying errors. If no keying errors, check:
  If the surgical procedure is billed with modifier 54 (surgical care only) by the same provider and the necessity of the visit was documented and justified, override the audit.
  Determine the reason for the preoperative visit paid in history.
  If claim documents the care rendered and care is above routine care (for example active case management or billed with modifier 25 or 57), override the audit.
  If documentation is not present or does not justify care above routine care, calculate the amount due to the provider by subtracting the total amount paid for preoperative visits from Medicaid's allowable for the surgery. Price the surgery using this amount and EOB 6655.

Related Audits

ESC 6654

Audit: ESC 6656 Postoperative Care Within 10 Days of Select Surgery

Note: Audit 6656 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Pay
POS	Suspend
Adjustments	Suspend
Special Batch	Suspend

Audit Description

This umbrella audit will fail when the same provider who performed surgery bills for postoperative care for the same member within zero to 10 days after the date of the surgery.

Audit Criteria

If a provider bills an evaluation and management visit (procedure codes 99201-99205, 99211-99215, 99218-99223, 99231-99233, 99238, 99295-99297, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, or 99351-99353) and payment has been made to the same provider for a surgical procedure with a value of 010 in the global surgery field in the Medicare fee schedule database, for the same member within zero to 10 days after the date of service on the claim, fail this audit.

EOB Codes

6656 – Postoperative medical visits made within zero to 10 days of the surgery are payable only for a surgical complication and if documented as medically indicated. Documentation not present or does not justify the visit billed.

ARC Code

B10 - Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.

Remark Code

N29 - Missing documentation, orders, notes, summary, report, or chart.

Method of Correction

Route the claim to the medical policy specialist. The medical policy specialist's instructions are as follows:

Compare claim to suspense screen and correct any keying errors. If no keying errors, check:

If the claim documents the surgical complication necessitating the visit, override the audit. Surgical complications include but are not limited to:

- Postoperative wound infection requiring specialized treatment
- Elevated temperature above 101 degrees Fahrenheit for two or more consecutive days
- Medical complications due to anesthesia, other than nausea/vomiting
- Nausea/vomiting that has persisted more than 24 hours
- Renal failure
- Comatose condition
- Cardiovascular complications

If the procedure paid was billed as surgical care only (modifier 54) by the same provider and the necessity of the visit is documented and justified, override the audit.

If visit is related to the original surgery, deny the service with EOB 6656.

If no documentation is provided on or with the claim or documentation does not justify the visit, deny the service with EOB 6656.

Related Audits

ESC 6659

Audit: ESC 6656 Postoperative Care Within 10 Days of Select Surgery

Note: Audit 6656 revised November 2, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Pay
POS	Suspend
Adjustments	Suspend
Special Batch	Suspend

Audit Description

This umbrella audit will fail when the same provider who performed surgery bills for postoperative care for the same member within zero to 10 days after the date of the surgery.

Audit Criteria

If a provider bills an evaluation and management visit (procedure codes 99201-99205, 99211-99215, 99218-99223, 99231-99233, 99238, 99295-99297, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, or 99351-99353) and payment has been made to the same provider for a surgical procedure with a value of 010 in the global surgery field in the Medicare fee schedule database, for the same member within zero to 10 days after the date of service on the claim, fail this audit.

EOB Codes

6656 – Postoperative medical visits made within zero to 10 days of the surgery are payable only for a surgical complication and if documented as medically indicated. Documentation not present or does not justify the visit billed.

ARC Code

B10 - Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.

Remark Code

N29 - Missing documentation, orders, notes, summary, report, or chart.

Method of Correction

Route the claim to the medical policy specialist. The medical policy specialist's instructions are as follows:

Compare claim to suspense screen and correct any keying errors. If no keying errors, check:

If the claim documents the surgical complication necessitating the visit, override the audit. Surgical complications include but are not limited to:

- Postoperative wound infection requiring specialized treatment
- Elevated temperature above 101 degrees Fahrenheit for two or more consecutive days
- Medical complications due to anesthesia, other than nausea/vomiting
- Nausea/vomiting that has persisted more than 24 hours
- Renal failure
- Comatose condition
- Cardiovascular complications

If the procedure paid was billed as surgical care only (modifier 54) by the same provider and the necessity of the visit is documented and justified, override the audit.

If visit is related to the original surgery, deny the service with EOB 6656.

If no documentation is provided on or with the claim or documentation does not justify the visit, deny the service with EOB 6656.

Related Audits

ESC 6659

Audit: ESC 6657 Preoperative Care on Day of Surgery

Note: Audit 6657 revised November 2, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Pay
POS	Suspend
Adjustments	Suspend
Special Batch	Suspend

Audit Description

This umbrella audit will fail when the same provider who performed surgery bills for preoperative care on the day of surgery.

Audit Criteria

If a provider bills an evaluation and management visit (procedure codes **99201-99205**, 99211-99215, 99218-99223, 99231-99233, 99238, **99241-99245, 99293, 99294**, 99295-99297, **99299**, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, 99351-99353, 99431-99433) and payment has been made to the same provider for a surgical procedure which has a value of 010 in the global surgery field in the Medicare fee schedule database for the same member on the same day, fail this audit.

EOB Code

6657 – Routine preoperative medical visits performed on the day of surgery are not separately payable. Documentation not present or not sufficient to justify care was of a non-routine nature**.**

ARC Code

97 - Payment is included in the allowance for another service/procedure.

Remark Code

N225 - Incomplete/invalid documentation, orders, notes, summary, report, or chart.

Method of Correction

Route the claim to the medical policy specialist. The medical policy specialist's instructions are as follows:

Compare the claim to the suspense screen and correct any keying errors. If no keying errors, check:

– If the claim documents the reason for the visit and it substantiates care above routine services (for example, active case management or billed with modifier 25 or 57), override the audit.

– If the procedure paid was billed as surgical care only (modifier 54) by the same provider and the necessity of the visit is documented and justified, override the audit.

– If the visit is related to the surgery, deny the service with EOB 6657

– If no documentation is provided on the claim or documentation does not justify the visit, deny the service with EOB 6657

Related Audits

ESC 6658

Audit: ESC 6657 Preoperative Care on Day of Surgery

Note: Audit 6657 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Pay
POS	Suspend
Adjustments	Suspend
Special Batch	Suspend

Audit Description

This umbrella audit will fail when the same provider who performed surgery bills for preoperative care on the day of surgery.

Audit Criteria

If a provider bills an evaluation and management visit (procedure codes 99211-99215, 99218-99223, 99231-99233, 99238, 99241-99245, 99293, 99294, 99295-99297, 99299, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, 99351-99353, 99431-99433) and payment has been made to the same provider for a surgical procedure which has a value of 010 in the global surgery field in the Medicare fee schedule database for the same member on the same day, fail this audit.

EOB Code

6657 – Routine preoperative medical visits performed on the day of surgery are not separately payable. Documentation not present or not sufficient to justify care was of a non-routine nature**.**

ARC Code

97 - Payment is included in the allowance for another service/procedure.

Remark Code

N225 - Incomplete/invalid documentation, orders, notes, summary, report, or chart.

Method of Correction

Route the claim to the medical policy specialist. The medical policy specialist's instructions are as follows:

Compare the claim to the suspense screen and correct any keying errors. If no keying errors, check:

– If the claim documents the reason for the visit and it substantiates care above routine services (for example, active case management or billed with modifier 25 or 57), override the audit.

– If the procedure paid was billed as surgical care only (modifier 54) by the same provider and the necessity of the visit is documented and justified, override the audit.

– If the visit is related to the surgery, deny the service with EOB 6657

– If no documentation is provided on the claim or documentation does not justify the visit, deny the service with EOB 6657

Related Audits

ESC 6658

Audit: ESC 6658 Surgery Payable at Reduced Amount When Preoperative Care Paid Same Date of Service

Note: Audit 6658 revised November 2, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	**Pay**
POS	Suspend
Adjustments	Suspend
Special Batch	Suspend

Audit Description

This umbrella audit will fail when the same provider who rendered preoperative care on the day of surgery bills for the surgical procedure.

Audit Criteria

If a provider bills an evaluation and management visit (procedure codes **99201-99205**, 99211-99215, 99218-99223, 99231-99233, 99238, **99241-99245, 99293, 99294**, 99295-99297, **99299**, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, 99351-99353) and payment has been made to the same provider for a surgical procedure which has a value of 010 in the global surgery field in the Medicare fee schedule database for the same member on the same day of surgery, fail this audit.

Note: Procedure codes 90820, 90825, 90830, 90831, 90832, 90841, 90842, 90843, and 90844 have been end-dated as of August 14, 1998.

EOB Code

6658 – Reimbursement reflects the difference between Medicaid's allowable for the procedure billed and the amount paid for the component(s).

ARC Code

B10 - Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.

Remark Code

N20 - Service not payable with other service rendered on the same date.

Method of Correction

Route the claim to the medical policy specialist. The medical policy specialist's instructions are as follows:

- Compare the claim to suspense screen and correct any keying errors. If no keying errors, check:
  - If the surgical procedure is billed with modifier 54 (surgical care only) by the same provider and the necessity of the visit was documented and justified, override the audit.
  - Determine the reason for the preoperative visit paid in history.
  - If claim documents the care rendered and care is above routine care (for example, active case management or billed with modifier 25 or 57), override the audit.
  - If documentation is not present or does not justify care above routine care, calculate the amount due to the provider by subtracting the total amount paid for preoperative visits from Medicaid allowable for the surgery. Price the surgery using this amount and EOB 6658.

Related Audits

ESC 6657

Audit: ESC 6659 Surgery Payable at Reduced Amount When Related Postoperative Care Paid

Note: Audit revised November 2, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	**All except MRT and PASRR**	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Pay
POS	Suspend
Adjustments	Suspend
Special Batch	Suspend

Audit Description

This umbrella audit will fail when the same provider who performed postoperative care within zero to 10 days after the surgery bills for the surgical procedure.

Audit Criteria

If a provider bills a surgical procedure that has a value of 010 in the Global Surgery field in the Medicare Fee Schedule database and payment has been made to the same provider for an evaluation and management visit (procedure codes 99201-99205, 99211-99215, 99218-99223, 99231-99233, 99238, 99241-99245, 99293, 99294, 99295-99297, 99299, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, 99351-99353) for the same member within 0 to 10 days of the surgery date of service, fail this audit with EOB 6659.

EOB Code

6659 – Reimbursement reflects the difference between Medicaid's allowable for the procedure billed and the amount paid for the component(s).

ARC Code

B10 - Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for he basic procedure/test.

Method of Correction

Route the claim to the medical policy specialist. The following instructions are from the medical policy specialist:

- Compare the claim to suspense screen and correct any keying errors. If no keying errors, check:
  - If the surgical procedure is billed with modifier 54 (surgical care only) by the same provider and the necessity of the visit was documented and justified, override the audit.
  - Determine the reason for the preoperative visit paid in history.
    - If claim documents the care rendered and care is above routine care (for example active case management or billed with modifier 25 or 57), override the audit.
    - If documentation is not present or does not justify care above routine care, calculate the amount due to the provider by subtracting the total amount paid for preoperative visits from Medicaid allowable for the surgery. Price the surgery using this amount and EOB 6659.

Related Audits

ESC 6656

Audit: ESC 6660 Preoperative and Postoperative Care Billed With Unlisted Surgeries Requires Review

Note: Audit 6660 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	**All except MRT and PASRR**	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Deny
Paper Claim w/attachment	Suspend
ECS	Deny
Shadow	Pay
POS	Deny
Adjustments	Deny
Special Batch	Suspend

Audit Description

This contra-indicated audit will fail when the same provider bills for preoperative care the day before and/or day of surgery and/or postoperative care within 90 days following surgery when payment has been received for the surgery.

Audit Criteria

If a provider bills for an evaluation and management visit (procedures codes 99201-99205, 99211-99215, 99218-99220, 99221-99223, 99231-99233, 99238, 99295-99297, 99301-99303, 99311-99313, 99321-99323, 99331-99333, 99341-99343, or 99351-99353) and payment has been made to the same provider for a surgery with a value of "YYY" (see Table 9-12.3) in the global surgery field on the Medicare fee schedule database for the same member the day before or within zero to 90 days after the date of the surgery, fail this audit.

EOB Code

6660 – Postoperative medical visits performed within the global surgery period are payable only for a surgical complication and if documented as medically indicated. Documentation not present or does not justify the visit billed.

9660 – Routine preoperative care is included in the reimbursement for the surgical procedure. Documentation not present or not sufficient to justify care was of a non-routine nature.

ARC Code

97 - Payment is included in the allowance for another service/procedure.

Remark Code

N29 - Missing documentation, orders, notes, summary, report, chart.

Method of Correction

Route the claim to the medical policy specialist. The medical policy specialist's instructions are as follows:

Compare the claim to the suspense screen and correct any errors. If no keying errors, check:

For Preoperative Care

– Determine the reason for the preoperative visit paid history.

– If documents accompanying the claim justify the reason for the visit and it substantiates care above routine services (for example, active case management or billed with modifier 25 or 57), override the audit.

– If the procedure paid was billed as surgical care only (modifier 54) by the same provider and the necessity of the visit is documented and justified, override the audit.

– If the visit is related to the surgery, deny the service with EOB 9660.

– If no documentation is provided on the claim or documentation does not justify the visit, deny the service with EOB 9660.

– If documentation is not present or does not justify care above routine care, calculate the amount due to the provider by subtracting the total amount paid for preoperative visits from Medicaid allowable for the surgery. Price the surgery using this amount and EOB 9660. The pricing indicator for unlisted surgical procedures should be "Manual Pricing". However, there are some unlisted surgical procedures with maximum fee indicators and a maximum allowed charge on file. The medical policy specialist, as part of this audit, should do the manual pricing. If it is determined the unlisted procedure code is appropriate by reviewing the surgery report that must be attached to the claim, the allowed maximum charge would be determined by the medical policy specialist by comparing to a comparable surgical procedure and using the RBRVS on file for that procedure. Surgical procedures would be considered comparable by looking at the skills, time, and equipment required for performing the procedure.

For Postoperative Care

– Determine the reason for the postoperative visit(s) paid history.

– If the claim documents the surgical complication necessitating the visit, override the audit. Surgical complications include, but are not limited to:

- Postoperative wound infection requiring specialized treatment
- Elevated temperature above 101 degrees Fahrenheit for two or more consecutive days
- Medical complication due to anesthesia, other than nausea or vomiting
- Nausea/vomiting that has persisted more than 24 hours
- Renal Failure
- Comatose condition
- Cardiovascular complications

– If the procedure paid was billed as surgical care only (modifier 54) by the same provider and the necessity of the visit is documented and justified, override the audit.
– If the surgical procedure is billed with modifier 24 (Unrelated Evaluation and Management Service by the same physician during a postoperative period) by the same provider and the necessity of the visit is documented and justified, override the audit.
– If E & M visit was related to the surgery, calculate the amount due the provider by subtracting the total amount paid for the visit(s) from Medicaid's allowable for surgery. Price the surgery using this amount and EOB 6660.
– If the reason for the visit was not documented or documentation did not justify the E & M visit billed, calculate the amount due the provider by following the procedure in the previous step. Price the surgery using this amount and EOB 6660.
– If visit is related to the original surgery, deny the service with EOB 6660.
– If no documentation provided on or with the claim or documentation does not justify the visit, deny the service with EOB 6660.

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99201	99205	**	15999	15999	**
99201	99205	**	17999	17999	**
99201	99205	**	19499	19499	**
99201	99205	**	20999	20999	**
99201	99205	**	21299	21299	**
99201	99205	**	21499	21499	**
99201	99205	**	21899	21899	**
99201	99205	**	22899	22899	**
99201	99205	**	22999	22999	**
99201	99205	**	23929	23929	**
99201	99205	**	24999	24999	**
99201	99205	**	25999	25999	**
99201	99205	**	26989	26989	**
99201	99205	**	27299	27299	**
99201	99205	**	27599	27599	**
99201	99205	**	27899	27899	**
99201	99205	**	28899	28899	**
99201	99205	**	29799	29799	**
99201	99205	**	29909	29909	**
99201	99205	**	30999	30999	**
99201	99205	**	31299	31299	**
99201	99205	**	31599	31599	**
99201	99205	**	31899	31899	**
99201	99205	**	32999	32999	**
99201	99205	**	33999	33999	**
99201	99205	**	36299	36299	**
99201	99205	**	37799	37799	**
99201	99205	**	38999	38999	**
99201	99205	**	39499	39499	**
99201	99205	**	39599	39599	**
99201	99205	**	40799	40799	**
99201	99205	**	40899	40899	**
99201	99205	**	41599	41599	**
99201	99205	**	41899	41899	**
99201	99205	**	42299	42299	**
99201	99205	**	42699	42699	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99201	99205	**	42999	42999	**
99201	99205	**	43499	43499	**
99201	99205	**	43999	43999	**
99201	99205	**	44799	44799	**
99201	99205	**	44899	44899	**
99201	99205	**	45999	45999	**
99201	99205	**	46999	46999	**
99201	99205	**	47399	47399	**
99201	99205	**	47999	47999	**
99201	99205	**	48999	48999	**
99201	99205	**	49999	49999	**
99201	99205	**	53899	53899	**
99201	99205	**	55899	55899	**
99201	99205	**	56399	56399	**
99201	99205	**	58999	58999	**
99201	99205	**	59899	59899	**
99201	99205	**	60699	60699	**
99201	99205	**	64872	64872	**
99201	99205	**	64874	64874	**
99201	99205	**	64876	64876	**
99201	99205	**	64999	64999	**
99201	99205	**	65125	65125	**
99201	99205	**	66999	66999	**
99201	99205	**	67299	67299	**
99201	99205	**	67399	67399	**
99201	99205	**	67599	67599	**
99201	99205	**	67999	67999	**
99201	99205	**	68399	68399	**
99201	99205	**	68899	68899	**
99201	99205	**	69300	69300	**
99201	99205	**	69399	69399	**
99201	99205	**	69799	69799	**
99201	99205	**	69949	69949	**
99201	99205	**	69979	69979	**
99211	99215	**	15999	15999	**
99211	99215	**	17999	17999	**
99211	99215	**	19499	19499	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99211	99215	**	20999	20999	**
99211	99215	**	21299	21299	**
99211	99215	**	21499	21499	**
99211	99215	**	21899	21899	**
99211	99215	**	22899	22899	**
99211	99215	**	22999	22999	**
99211	99215	**	23929	23929	**
99211	99215	**	24999	24999	**
99211	99215	**	25999	25999	**
99211	99215	**	26989	26989	**
99211	99215	**	27299	27299	**
99211	99215	**	27599	27599	**
99211	99215	**	27899	27899	**
99211	99215	**	28899	28899	**
99211	99215	**	29799	29799	**
99211	99215	**	29909	29909	**
99211	99215	**	30999	30999	**
99211	99215	**	31299	31299	**
99211	99215	**	31599	31599	**
99211	99215	**	31899	31899	**
99211	99215	**	32999	32999	**
99211	99215	**	33999	33999	**
99211	99215	**	36299	36299	**
99211	99215	**	37799	37799	**
99211	99215	**	38999	38999	**
99211	99215	**	39499	39499	**
99211	99215	**	39599	39599	**
99211	99215	**	40799	40799	**
99211	99215	**	40899	40899	**
99211	99215	**	41599	41599	**
99211	99215	**	41899	41899	**
99211	99215	**	42299	42299	**
99211	99215	**	42699	42699	**
99211	99215	**	42999	42999	**
99211	99215	**	43499	43499	**
99211	99215	**	43999	43999	**
99211	99215	**	44799	44799	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99211	99215	**	44899	44899	**
99211	99215	**	45999	45999	**
99211	99215	**	46999	46999	**
99211	99215	**	47399	47399	**
99211	99215	**	47999	47999	**
99211	99215	**	48999	48999	**
99211	99215	**	49999	49999	**
99211	99215	**	53899	53899	**
99211	99215	**	55899	55899	**
99211	99215	**	56399	56399	**
99211	99215	**	58999	58999	**
99211	99215	**	59899	59899	**
99211	99215	**	60699	60699	**
99211	99215	**	64872	64872	**
99211	99215	**	64874	64874	**
99211	99215	**	64876	64876	**
99211	99215	**	64999	64999	**
99211	99215	**	65125	65125	**
99211	99215	**	66999	66999	**
99211	99215	**	67299	67299	**
99211	99215	**	67399	67399	**
99211	99215	**	67599	67599	**
99211	99215	**	67999	67999	**
99211	99215	**	68399	68399	**
99211	99215	**	68899	68899	**
99211	99215	**	69300	69300	**
99211	99215	**	69399	69399	**
99211	99215	**	69799	69799	**
99211	99215	**	69949	69949	**
99211	99215	**	69979	69979	**
99218	99220	**	15999	15999	**
99218	99220	**	17999	17999	**
99218	99220	**	19499	19499	**
99218	99220	**	20999	20999	**
99218	99220	**	21299	21299	**
99218	99220	**	21499	21499	**
99218	99220	**	21899	21899	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99218	99220	**	22899	22899	**
99218	99220	**	22999	22999	**
99218	99220	**	23929	23929	**
99218	99220	**	24999	24999	**
99218	99220	**	25999	25999	**
99218	99220	**	26989	26989	**
99218	99220	**	27299	27299	**
99218	99220	**	27599	27599	**
99218	99220	**	27899	27899	**
99218	99220	**	28899	28899	**
99218	99220	**	29799	29799	**
99218	99220	**	29909	29909	**
99218	99220	**	30999	30999	**
99218	99220	**	31299	31299	**
99218	99220	**	31599	31599	**
99218	99220	**	31899	31899	**
99218	99220	**	32999	32999	**
99218	99220	**	33999	33999	**
99218	99220	**	36299	36299	**
99218	99220	**	37799	37799	**
99218	99220	**	38999	38999	**
99218	99220	**	39499	39499	**
99218	99220	**	39599	39599	**
99218	99220	**	40799	40799	**
99218	99220	**	40899	40899	**
99218	99220	**	41599	41599	**
99218	99220	**	41899	41899	**
99218	99220	**	42299	42299	**
99218	99220	**	42699	42699	**
99218	99220	**	42999	42999	**
99218	99220	**	43499	43499	**
99218	99220	**	43999	43999	**
99218	99220	**	44799	44799	**
99218	99220	**	44899	44899	**
99218	99220	**	45999	45999	**
99218	99220	**	46999	46999	**
99218	99220	**	47399	47399	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99218	99220	**	47999	47999	**
99218	99220	**	48999	48999	**
99218	99220	**	49999	49999	**
99218	99220	**	53899	53899	**
99218	99220	**	55899	55899	**
99218	99220	**	56399	56399	**
99218	99220	**	58999	58999	**
99218	99220	**	59899	59899	**
99218	99220	**	60699	60699	**
99218	99220	**	64872	64872	**
99218	99220	**	64874	64874	**
99218	99220	**	64876	64876	**
99218	99220	**	64999	64999	**
99218	99220	**	65125	65125	**
99218	99220	**	66999	66999	**
99218	99220	**	67299	67299	**
99218	99220	**	67399	67399	**
99218	99220	**	67599	67599	**
99218	99220	**	67999	67999	**
99218	99220	**	68399	68399	**
99218	99220	**	68899	68899	**
99218	99220	**	69300	69300	**
99218	99220	**	69399	69399	**
99218	99220	**	69799	69799	**
99218	99220	**	69949	69949	**
99218	99220	**	69979	69979	**
99221	99223		43499	43499	**
99221	99223	**	15999	15999	**
99221	99223	**	17999	17999	**
99221	99223	**	19499	19499	**
99221	99223	**	20999	20999	**
99221	99223	**	21299	21299	**
99221	99223	**	21499	21499	**
99221	99223	**	21899	21899	**
99221	99223	**	22899	22899	**
99221	99223	**	22999	22999	**
99221	99223	**	23929	23929	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99221	99223	**	24999	24999	**
99221	99223	**	25999	25999	**
99221	99223	**	26989	26989	**
99221	99223	**	27299	27299	**
99221	99223	**	27599	27599	**
99221	99223	**	27899	27899	**
99221	99223	**	28899	28899	**
99221	99223	**	29799	29799	**
99221	99223	**	29909	29909	**
99221	99223	**	30999	30999	**
99221	99223	**	31299	31299	**
99221	99223	**	31599	31599	**
99221	99223	**	31899	31899	**
99221	99223	**	32999	32999	**
99221	99223	**	33999	33999	**
99221	99223	**	36299	36299	**
99221	99223	**	37799	37799	**
99221	99223	**	38999	38999	**
99221	99223	**	39499	39499	**
99221	99223	**	39599	39599	**
99221	99223	**	40799	40799	**
99221	99223	**	40899	40899	**
99221	99223	**	41599	41599	**
99221	99223	**	41899	41899	**
99221	99223	**	42299	42299	**
99221	99223	**	42699	42699	**
99221	99223	**	42999	42999	**
99221	99223	**	43999	43999	**
99221	99223	**	44799	44799	**
99221	99223	**	44899	44899	**
99221	99223	**	45999	45999	**
99221	99223	**	46999	46999	**
99221	99223	**	47399	47399	**
99221	99223	**	47999	47999	**
99221	99223	**	48999	48999	**
99221	99223	**	49999	49999	**
99221	99223	**	53899	53899	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99221	99223	**	55899	55899	**
99221	99223	**	56399	56399	**
99221	99223	**	58999	58999	**
99221	99223	**	59899	59899	**
99221	99223	**	60699	60699	**
99221	99223	**	64872	64872	**
99221	99223	**	64874	64874	**
99221	99223	**	64876	64876	**
99221	99223	**	64999	64999	**
99221	99223	**	65125	65125	**
99221	99223	**	66999	66999	**
99221	99223	**	67299	67299	**
99221	99223	**	67399	67399	**
99221	99223	**	67599	67599	**
99221	99223	**	67999	67999	
99221	99223	**	68399	68399	**
99221	99223	**	68899	68899	**
99221	99223	**	69300	69300	**
99221	99223	**	69399	69399	**
99221	99223	**	69799	69799	**
99221	99223	**	69949	69949	**
99221	99223	**	69979	69979	**
99231	99233	**	15999	15999	**
99231	99233	**	17999	17999	**
99231	99233	**	19499	19499	**
99231	99233	**	20999	20999	**
99231	99233	**	21299	21299	**
99231	99233	**	21499	21499	**
99231	99233	**	21899	21899	**
99231	99233	**	22899	22899	**
99231	99233	**	22999	22999	**
99231	99233	**	23929	23929	**
99231	99233	**	24999	24999	**
99231	99233	**	25999	25999	**
99231	99233	**	26989	26989	**
99231	99233	**	27299	27299	**
99231	99233	**	27599	27599	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99231	99233	**	27899	27899	**
99231	99233	**	28899	28899	**
99231	99233	**	29799	29799	**
99231	99233	**	29909	29909	**
99231	99233	**	30999	30999	**
99231	99233	**	31299	31299	**
99231	99233	**	31599	31599	**
99231	99233	**	31899	31899	**
99231	99233	**	32999	32999	**
99231	99233	**	33999	33999	**
99231	99233	**	36299	36299	**
99231	99233	**	37799	37799	**
99231	99233	**	38999	38999	**
99231	99233	**	39499	39499	**
99231	99233	**	39599	39599	**
99231	99233	**	40799	40799	**
99231	99233	**	40899	40899	**
99231	99233	**	41599	41599	**
99231	99233	**	41899	41899	**
99231	99233	**	42299	42299	**
99231	99233	**	42699	42699	**
99231	99233	**	42999	42999	**
99231	99233	**	43499	43499	**
99231	99233	**	43999	43999	**
99231	99233	**	44799	44799	**
99231	99233	**	44899	44899	**
99231	99233	**	45999	45999	**
99231	99233	**	46999	46999	**
99231	99233	**	47399	47399	**
99231	99233	**	47999	47999	**
99231	99233	**	48999	48999	**
99231	99233	**	49999	49999	**
99231	99233	**	53899	53899	**
99231	99233	**	55899	55899	**
99231	99233	**	56399	56399	**
99231	99233	**	58999	58999	**
99231	99233	**	59899	59899	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99231	99233	**	60699	60699	**
99231	99233	**	64872	64872	**
99231	99233	**	64874	64874	**
99231	99233	**	64876	64876	**
99231	99233	**	64999	64999	**
99231	99233	**	65125	65125	**
99231	99233	**	66999	66999	**
99231	99233	**	67299	67299	**
99231	99233	**	67399	67399	**
99231	99233	**	67599	67599	**
99231	99233	**	67999	67999	**
99231	99233	**	68399	68399	**
99231	99233	**	68899	68899	**
99231	99233	**	69300	69300	**
99231	99233	**	69399	69399	**
99231	99233	**	69799	69799	**
99231	99233	**	69949	69949	**
99231	99233	**	69979	69979	**
99238	99238		42699	42699	**
99238	99238		68899	68899	**
99238	99238	**	15999	15999	**
99238	99238	**	17999	17999	**
99238	99238	**	19499	19499	**
99238	99238	**	20999	20999	**
99238	99238	**	21299	21299	**
99238	99238	**	21499	21499	**
99238	99238	**	21899	21899	**
99238	99238	**	22899	22899	**
99238	99238	**	22999	22999	**
99238	99238	**	23929	23929	**
99238	99238	**	24999	24999	**
99238	99238	**	25999	25999	**
99238	99238	**	26989	26989	**
99238	99238	**	27299	27299	**
99238	99238	**	27599	27599	**
99238	99238	**	27899	27899	**
99238	99238	**	28899	28899	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99238	99238	**	29799	29799	**
99238	99238	**	29909	29909	**
99238	99238	**	30999	30999	**
99238	99238	**	31299	31299	**
99238	99238	**	31599	31599	**
99238	99238	**	31899	31899	**
99238	99238	**	32999	32999	**
99238	99238	**	33999	33999	**
99238	99238	**	36299	36299	**
99238	99238	**	37799	37799	**
99238	99238	**	38999	38999	**
99238	99238	**	39499	39499	**
99238	99238	**	39599	39599	**
99238	99238	**	40799	40799	**
99238	99238	**	40899	40899	**
99238	99238	**	41599	41599	**
99238	99238	**	41899	41899	**
99238	99238	**	42299	42299	**
99238	99238	**	42999	42999	**
99238	99238	**	43499	43499	**
99238	99238	**	43999	43999	**
99238	99238	**	44799	44799	**
99238	99238	**	44899	44899	**
99238	99238	**	45999	45999	**
99238	99238	**	46999	46999	**
99238	99238	**	47399	47399	**
99238	99238	**	47999	47999	**
99238	99238	**	48999	48999	**
99238	99238	**	49999	49999	**
99238	99238	**	53899	53899	**
99238	99238	**	55899	55899	**
99238	99238	**	56399	56399	**
99238	99238	**	58999	58999	**
99238	99238	**	59899	59899	**
99238	99238	**	60699	60699	**
99238	99238	**	64872	64872	**
99238	99238	**	64874	64874	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99238	99238	**	64876	64876	**
99238	99238	**	64999	64999	**
99238	99238	**	65125	65125	**
99238	99238	**	66999	66999	**
99238	99238	**	67299	67299	**
99238	99238	**	67399	67399	**
99238	99238	**	67599	67599	**
99238	99238	**	67999	67999	**
99238	99238	**	68399	68399	**
99238	99238	**	69300	69300	**
99238	99238	**	69399	69399	**
99238	99238	**	69799	69799	**
99238	99238	**	69949	69949	**
99238	99238	**	69979	69979	**
99295	99297		22899	22899	**
99295	99297		68899	68899	**
99295	99297		69949	69949	**
99295	99297	**	15999	15999	**
99295	99297	**	17999	17999	**
99295	99297	**	19499	19499	**
99295	99297	**	20999	20999	**
99295	99297	**	21299	21299	**
99295	99297	**	21499	21499	**
99295	99297	**	21899	21899	**
99295	99297	**	22999	22999	**
99295	99297	**	23929	23929	**
99295	99297	**	24999	24999	**
99295	99297	**	25999	25999	**
99295	99297	**	26989	26989	**
99295	99297	**	27299	27299	**
99295	99297	**	27599	27599	**
99295	99297	**	27899	27899	**
99295	99297	**	28899	28899	**
99295	99297	**	29799	29799	**
99295	99297	**	29909	29909	**
99295	99297	**	30999	30999	**
99295	99297	**	31299	31299	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99295	99297	**	31599	31599	**
99295	99297	**	31899	31899	**
99295	99297	**	32999	32999	**
99295	99297	**	33999	33999	**
99295	99297	**	36299	36299	**
99295	99297	**	37799	37799	**
99295	99297	**	38999	38999	**
99295	99297	**	39499	39499	**
99295	99297	**	39599	39599	**
99295	99297	**	40799	40799	**
99295	99297	**	40899	40899	**
99295	99297	**	41599	41599	**
99295	99297	**	41899	41899	**
99295	99297	**	42299	42299	**
99295	99297	**	42699	42699	**
99295	99297	**	42999	42999	**
99295	99297	**	43499	43499	**
99295	99297	**	43999	43999	**
99295	99297	**	44799	44799	**
99295	99297	**	44899	44899	**
99295	99297	**	45999	45999	**
99295	99297	**	46999	46999	**
99295	99297	**	47399	47399	**
99295	99297	**	47999	47999	**
99295	99297	**	48999	48999	**
99295	99297	**	49999	49999	**
99295	99297	**	53899	53899	**
99295	99297	**	55899	55899	**
99295	99297	**	56399	56399	**
99295	99297	**	58999	58999	**
99295	99297	**	59899	59899	**
99295	99297	**	60699	60699	**
99295	99297	**	64872	64872	**
99295	99297	**	64874	64874	**
99295	99297	**	64876	64876	**
99295	99297	**	64999	64999	**
99295	99297	**	65125	65125	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99295	99297	**	66999	66999	**
99295	99297	**	67299	67299	**
99295	99297	**	67399	67399	**
99295	99297	**	67599	67599	**
99295	99297	**	67999	67999	**
99295	99297	**	68399	68399	**
99295	99297	**	69300	69300	**
99295	99297	**	69399	69399	**
99295	99297	**	69799	69799	**
99295	99297	**	69979	69979	**
99301	99303	**	15999	15999	**
99301	99303	**	17999	17999	**
99301	99303	**	19499	19499	**
99301	99303	**	20999	20999	**
99301	99303	**	21299	21299	**
99301	99303	**	21499	21499	**
99301	99303	**	21899	21899	**
99301	99303	**	22899	22899	**
99301	99303	**	22999	22999	**
99301	99303	**	23929	23929	**
99301	99303	**	24999	24999	**
99301	99303	**	25999	25999	**
99301	99303	**	26989	26989	**
99301	99303	**	27299	27299	**
99301	99303	**	27599	27599	**
99301	99303	**	27899	27899	**
99301	99303	**	28899	28899	**
99301	99303	**	29799	29799	**
99301	99303	**	29909	29909	**
99301	99303	**	30999	30999	**
99301	99303	**	31299	31299	**
99301	99303	**	31599	31599	**
99301	99303	**	31899	31899	**
99301	99303	**	32999	32999	**
99301	99303	**	33999	33999	**
99301	99303	**	36299	36299	**
99301	99303	**	37799	37799	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99301	99303	**	38999	38999	**
99301	99303	**	39499	39499	**
99301	99303	**	39599	39599	**
99301	99303	**	40799	40799	**
99301	99303	**	40899	40899	**
99301	99303	**	41599	41599	**
99301	99303	**	41899	41899	**
99301	99303	**	42299	42299	**
99301	99303	**	42699	42699	**
99301	99303	**	42999	42999	**
99301	99303	**	43499	43499	**
99301	99303	**	43999	43999	**
99301	99303	**	44799	44799	**
99301	99303	**	44899	44899	**
99301	99303	**	45999	45999	**
99301	99303	**	46999	46999	**
99301	99303	**	47399	47399	**
99301	99303	**	47999	47999	**
99301	99303	**	48999	48999	**
99301	99303	**	49999	49999	**
99301	99303	**	53899	53899	**
99301	99303	**	55899	55899	**
99301	99303	**	56399	56399	**
99301	99303	**	58999	58999	**
99301	99303	**	59899	59899	**
99301	99303	**	60699	60699	**
99301	99303	**	64872	64872	**
99301	99303	**	64874	64874	**
99301	99303	**	64876	64876	**
99301	99303	**	64999	64999	**
99301	99303	**	65125	65125	**
99301	99303	**	66999	66999	**
99301	99303	**	67299	67299	**
99301	99303	**	67399	67399	**
99301	99303	**	67599	67599	**
99301	99303	**	67999	67999	**
99301	99303	**	68399	68399	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99301	99303	**	68899	68899	**
99301	99303	**	69300	69300	**
99301	99303	**	69399	69399	**
99301	99303	**	69799	69799	**
99301	99303	**	69949	69949	**
99301	99303	**	69979	69979	**
99311	99313		31599	31599	**
99311	99313		69799	69799	**
99311	99313	**	15999	15999	**
99311	99313	**	17999	17999	**
99311	99313	**	19499	19499	**
99311	99313	**	20999	20999	**
99311	99313	**	21299	21299	**
99311	99313	**	21499	21499	**
99311	99313	**	21899	21899	**
99311	99313	**	22899	22899	**
99311	99313	**	22999	22999	**
99311	99313	**	23929	23929	**
99311	99313	**	24999	24999	**
99311	99313	**	25999	25999	**
99311	99313	**	26989	26989	**
99311	99313	**	27299	27299	**
99311	99313	**	27599	27599	**
99311	99313	**	27899	27899	**
99311	99313	**	28899	28899	**
99311	99313	**	29799	29799	**
99311	99313	**	29909	29909	**
99311	99313	**	30999	30999	**
99311	99313	**	31299	31299	**
99311	99313	**	31899	31899	**
99311	99313	**	32999	32999	**
99311	99313	**	33999	33999	**
99311	99313	**	36299	36299	**
99311	99313	**	37799	37799	**
99311	99313	**	38999	38999	**
99311	99313	**	39499	39499	**
99311	99313	**	39599	39599	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99311	99313	**	40799	40799	**
99311	99313	**	40899	40899	**
99311	99313	**	41599	41599	**
99311	99313	**	41899	41899	**
99311	99313	**	42299	42299	**
99311	99313	**	42699	42699	**
99311	99313	**	42999	42999	**
99311	99313	**	43499	43499	**
99311	99313	**	43999	43999	**
99311	99313	**	44799	44799	**
99311	99313	**	44899	44899	**
99311	99313	**	45999	45999	**
99311	99313	**	46999	46999	**
99311	99313	**	47399	47399	**
99311	99313	**	47999	47999	**
99311	99313	**	48999	48999	**
99311	99313	**	49999	49999	**
99311	99313	**	53899	53899	**
99311	99313	**	55899	55899	**
99311	99313	**	56399	56399	**
99311	99313	**	58999	58999	**
99311	99313	**	59899	59899	**
99311	99313	**	60699	60699	**
99311	99313	**	64872	64872	**
99311	99313	**	64874	64874	**
99311	99313	**	64876	64876	**
99311	99313	**	64999	64999	**
99311	99313	**	65125	65125	**
99311	99313	**	66999	66999	**
99311	99313	**	67299	67299	**
99311	99313	**	67399	67399	**
99311	99313	**	67599	67599	**
99311	99313	**	67999	67999	**
99311	99313	**	68399	68399	**
99311	99313	**	68899	68899	**
99311	99313	**	69300	69300	**
99311	99313	**	69399	69399	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99311	99313	**	69949	69949	**
99311	99313	**	69979	69979	**
99321	99323	**	15999	15999	**
99321	99323	**	17999	17999	**
99321	99323	**	19499	19499	**
99321	99323	**	20999	20999	**
99321	99323	**	21299	21299	**
99321	99323	**	21499	21499	**
99321	99323	**	21899	21899	**
99321	99323	**	22899	22899	**
99321	99323	**	22999	22999	**
99321	99323	**	23929	23929	**
99321	99323	**	24999	24999	**
99321	99323	**	25999	25999	**
99321	99323	**	26989	26989	**
99321	99323	**	27299	27299	**
99321	99323	**	27599	27599	**
99321	99323	**	27899	27899	**
99321	99323	**	28899	28899	**
99321	99323	**	29799	29799	**
99321	99323	**	29909	29909	**
99321	99323	**	30999	30999	**
99321	99323	**	31299	31299	**
99321	99323	**	31599	31599	**
99321	99323	**	31899	31899	**
99321	99323	**	32999	32999	**
99321	99323	**	33999	33999	**
99321	99323	**	36299	36299	**
99321	99323	**	37799	37799	**
99321	99323	**	38999	38999	**
99321	99323	**	39499	39499	**
99321	99323	**	39599	39599	**
99321	99323	**	40799	40799	**
99321	99323	**	40899	40899	**
99321	99323	**	41599	41599	**
99321	99323	**	41899	41899	**
99321	99323	**	42299	42299	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99321	99323	**	42699	42699	**
99321	99323	**	42999	42999	**
99321	99323	**	43499	43499	**
99321	99323	**	43999	43999	**
99321	99323	**	44799	44799	**
99321	99323	**	44899	44899	**
99321	99323	**	45999	45999	**
99321	99323	**	46999	46999	**
99321	99323	**	47399	47399	**
99321	99323	**	47999	47999	**
99321	99323	**	48999	48999	**
99321	99323	**	49999	49999	**
99321	99323	**	53899	53899	**
99321	99323	**	55899	55899	**
99321	99323	**	56399	56399	**
99321	99323	**	58999	58999	**
99321	99323	**	59899	59899	**
99321	99323	**	60699	60699	**
99321	99323	**	64872	64872	**
99321	99323	**	64874	64874	**
99321	99323	**	64876	64876	**
99321	99323	**	64999	64999	**
99321	99323	**	65125	65125	**
99321	99323	**	66999	66999	**
99321	99323	**	67299	67299	**
99321	99323	**	67399	67399	**
99321	99323	**	67599	67599	**
99321	99323	**	67999	67999	**
99321	99323	**	68399	68399	**
99321	99323	**	68899	68899	**
99321	99323	**	69300	69300	**
99321	99323	**	69399	69399	**
99321	99323	**	69799	69799	**
99321	99323	**	69949	69949	**
99321	99323	**	69979	69979	**
99331	99333		64872	64872	**
99331	99333	**	15999	15999	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99331	99333	**	17999	17999	**
99331	99333	**	19499	19499	**
99331	99333	**	20999	20999	**
99331	99333	**	21299	21299	**
99331	99333	**	21499	21499	**
99331	99333	**	21899	21899	**
99331	99333	**	22899	22899	**
99331	99333	**	22999	22999	**
99331	99333	**	23929	23929	**
99331	99333	**	24999	24999	**
99331	99333	**	25999	25999	**
99331	99333	**	26989	26989	**
99331	99333	**	27299	27299	**
99331	99333	**	27599	27599	**
99331	99333	**	27899	27899	**
99331	99333	**	28899	28899	**
99331	99333	**	29799	29799	**
99331	99333	**	29909	29909	**
99331	99333	**	30999	30999	**
99331	99333	**	31299	31299	**
99331	99333	**	31599	31599	**
99331	99333	**	31899	31899	**
99331	99333	**	32999	32999	**
99331	99333	**	33999	33999	**
99331	99333	**	36299	36299	**
99331	99333	**	37799	37799	**
99331	99333	**	38999	38999	**
99331	99333	**	39499	39499	**
99331	99333	**	39599	39599	**
99331	99333	**	40799	40799	**
99331	99333	**	40899	40899	**
99331	99333	**	41599	41599	**
99331	99333	**	41899	41899	**
99331	99333	**	42299	42299	**
99331	99333	**	42699	42699	**
99331	99333	**	42999	42999	**
99331	99333	**	43499	43499	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99331	99333	**	43999	43999	**
99331	99333	**	44799	44799	**
99331	99333	**	44899	44899	**
99331	99333	**	45999	45999	**
99331	99333	**	46999	46999	**
99331	99333	**	47399	47399	**
99331	99333	**	47999	47999	**
99331	99333	**	48999	48999	**
99331	99333	**	49999	49999	**
99331	99333	**	53899	53899	**
99331	99333	**	55899	55899	**
99331	99333	**	56399	56399	**
99331	99333	**	58999	58999	**
99331	99333	**	59899	59899	**
99331	99333	**	60699	60699	**
99331	99333	**	64874	64874	**
99331	99333	**	64876	64876	**
99331	99333	**	64999	64999	**
99331	99333	**	65125	65125	**
99331	99333	**	66999	66999	**
99331	99333	**	67299	67299	**
99331	99333	**	67399	67399	**
99331	99333	**	67599	67599	**
99331	99333	**	67999	67999	**
99331	99333	**	68399	68399	**
99331	99333	**	68899	68899	**
99331	99333	**	69300	69300	**
99331	99333	**	69399	69399	**
99331	99333	**	69799	69799	**
99331	99333	**	69949	69949	**
99331	99333	**	69979	69979	**
99341	99343	**	15999	15999	**
99341	99343	**	17999	17999	**
99341	99343	**	19499	19499	**
99341	99343	**	20999	20999	**
99341	99343	**	21299	21299	**
99341	99343	**	21499	21499	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99341	99343	**	21899	21899	**
99341	99341	**	22899	22899	**
99341	99343	**	22999	22999	**
99341	99343	**	23929	23929	**
99341	99343	**	24999	24999	**
99341	99343	**	25999	25999	**
99341	99343	**	26989	26989	**
99341	99343	**	27299	27299	**
99341	99343	**	27599	27599	**
99341	99343	**	27899	27899	**
99341	99343	**	28899	28899	**
99341	99343	**	29799	29799	**
99341	99343	**	29909	29909	**
99341	99343	**	30999	30999	**
99341	99343	**	31299	31299	**
99341	99343	**	31599	31599	**
99341	99343	**	31899	31899	**
99341	99343	**	32999	32999	**
99341	99343	**	33999	33999	**
99341	99343	**	36299	36299	**
99341	99343	**	37799	37799	**
99341	99343	**	38999	38999	**
99341	99343	**	39499	39499	**
99341	99343	**	39599	39599	**
99341	99343	**	40799	40799	**
99341	99343	**	40899	40899	**
99341	99343	**	41599	41599	**
99341	99343	**	41899	41899	**
99341	99343	**	42299	42299	**
99341	99343	**	42699	42699	**
99341	99343	**	42999	42999	**
99341	99343	**	43499	43499	**
99341	99343	**	43999	43999	**
99341	99343	**	44799	44799	**
99341	99343	**	44899	44899	**
99341	99343	**	45999	45999	**
99341	99343	**	46999	46999	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99341	99343	**	47399	47399	**
99341	99343	**	47999	47999	**
99341	99343	**	48999	48999	**
99341	99343	**	49999	49999	**
99341	99343	**	53899	53899	**
99341	99343	**	55899	55899	**
99341	99343	**	56399	56399	**
99341	99343	**	58999	58999	**
99341	99343	**	59899	59899	**
99341	99343	**	60699	60699	**
99341	99343	**	64872	64872	**
99341	99343	**	64874	64874	**
99341	99343	**	64876	64876	**
99341	99343	**	64999	64999	**
99341	99343	**	65125	65125	**
99341	99343	**	66999	66999	**
99341	99343	**	67299	67299	**
99341	99343	**	67399	67399	**
99341	99343	**	67599	67599	**
99341	99343	**	67999	67999	**
99341	99343	**	68399	68399	**
99341	99343	**	68899	68899	**
99341	99343	**	69300	69300	**
99341	99343	**	69399	69399	**
99341	99343	**	69799	69799	**
99341	99343	**	69949	69949	**
99341	99343	**	69979	69979	**
99351	99353	**	15999	15999	**
99351	99353	**	17999	17999	**
99351	99353	**	19499	19499	**
99351	99353	**	20999	20999	**
99351	99353	**	21299	21299	**
99351	99353	**	21499	21499	**
99351	99353	**	21899	21899	**
99351	99353	**	22899	22899	**
99351	99353	**	22999	22999	**
99351	99353	**	23929	23929	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99351	99353	**	24999	24999	**
99351	99353	**	25999	25999	**
99351	99353	**	26989	26989	**
99351	99353	**	27299	27299	**
99351	99353	**	27599	27599	**
99351	99353	**	27899	27899	**
99351	99353	**	28899	28899	**
99351	99353	**	29799	29799	**
99351	99353	**	29909	29909	**
99351	99353	**	30999	30999	**
99351	99353	**	31299	31299	**
99351	99353	**	31599	31599	**
99351	99353	**	31899	31899	**
99351	99353	**	32999	32999	**
99351	99353	**	33999	33999	**
99351	99353	**	36299	36299	**
99351	99353	**	37799	37799	**
99351	99353	**	38999	38999	**
99351	99353	**	39499	39499	**
99351	99353	**	39599	39599	**
99351	99353	**	40799	40799	**
99351	99353	**	40899	40899	**
99351	99353	**	41599	41599	**
99351	99353	**	41899	41899	**
99351	99353	**	42299	42299	**
99351	99353	**	42699	42699	**
99351	99353	**	42999	42999	**
99351	99353	**	43499	43499	**
99351	99353	**	43999	43999	**
99351	99353	**	44799	44799	**
99351	99353	**	44899	44899	**
99351	99353	**	45999	45999	**
99351	99353	**	46999	46999	**
99351	99353	**	47399	47399	**
99351	99353	**	47999	47999	**
99351	99353	**	48999	48999	**
99351	99353	**	49999	49999	**

Table 9-12.3 – Audit Criteria Procedure Codes

Evaluation and Management			Surgical procedure		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
99351	99353	**	53899	53899	**
99351	99353	**	55899	55899	**
99351	99353	**	56399	56399	**
99351	99353	**	58999	58999	**
99351	99353	**	59899	59899	**
99351	99353	**	60699	60699	**
99351	99353	**	64872	64872	**
99351	99353	**	64874	64874	**
99351	99353	**	64876	64876	**
99351	99353	**	64999	64999	**
99351	99353	**	65125	65125	**
99351	99353	**	66999	66999	**
99351	99353	**	67299	67299	**
99351	99353	**	67399	67399	**
99351	99353	**	67599	67599	**
99351	99353	**	67999	67999	**
99351	99353	**	68399	68399	**
99351	99353	**	68899	68899	**
99351	99353	**	69300	69300	**
99351	99353	**	69399	69399	**
99351	99353	**	69799	69799	**
99351	99353	**	69949	69949	**
99351	99353	**	69979	69979	**

Audit: ESC 6750 Therapies Within 30 Days From Hospital Discharge Date Without Approved PA

Note: Edit 6750 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, M	21	**All except MRT and PASRR**	Detail	No	Yes	0

Disposition	H, M Full Failure	H, M Cutback
Paper Claim	Deny	Pay
ECS	Deny	Pay
Shadow	Pay	Pay
POS	Deny	Pay
Adjustments	Deny	Pay
Special Batch	Deny	Pay

Audit Description

This limitation audit will fail when a member received more than 30 units of therapy services (any combination) within 30 days from a hospital discharge date and no approved prior authorization is on file.

Audit Criteria

When a therapy procedure code in Table 9-14.1 is billed and payment has been made to any provider for 30 units of any combination of therapy services within 30 days of the hospital discharge date indicated on the claim and no approved prior authorization is on file, fail this audit with EOB 6750 (*405 IAC 5-22-6(10)).*

Provider specialty 212 (CSHCS care coordinator) will bypass this audit..

Provider specialty 150 (Chiropractor) will bypass this audit.

EOB Code

6750 – No more than 30 home health therapy hours within 30 days of hospital discharge. Any additional hours require prior authorization.

ARC Code

57 - Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply.

Remark Code

N66 – Missing, incomplete, or invalid documentation.

N29 - Missing documentation, ,orders, notes, summary, report, or chart.

Pics

Limitation Audits
97150 HQ

Method of Correction

Full Failure
- Claims failing this audit systematically deny.

Cutback
- Claims failing this audit systematically cutback.

Table 9-14.1 – Therapy Procedure Codes

Procedure From	Procedure To	Modifier
92507	92508	**
94650	94652	
94664	94665	**
94667	94668	**
97010	97010	**
97012	97012	**
97014	97014	**
97016	97016	**
97018	97018	**
97020	97020	**
97022	97022	**
97024	97024	**
97026	97026	**
97028	97028	**
97039	97039	**
97110	97110	**
97112	97112	**
97114	97114	**
97116	97116	**
97118	97118	**
97120	97120	**
97122	97122	**
97124	97124	**
97126	97126	**
97128	97128	**
97139	97139	**
97145	97145	**
97220	97221	**

Table 9-14.1 – Therapy Procedure Codes		
Procedure From	**Procedure To**	**Modifier**
97240	97241	**
97250	97250	**
97260	97260	**
97261	97261	**
97500	97501	**
97504	97504	**
97520	97521	**
97530	97531	**
97540	97541	**
W6502	W6505	**
W6800	W6802	**
W7402	W7403	**
W9083	W9083	**

–

Note: Procedure codes W6502, W6504, W6801, W6802, were end dated prior to

HIPAA.

For dates of service January 1, 2004 and after, the following crosswalked procedure codes as noted below replace codes W6503, W6505, W7402, W7403, and W6800

Local Code	Crosswalked Procedure Code
W6503	G0151
W6505	End date
W6800	End date
W7402	G0152
W7403	97150HQ
W9083	G0153

ESC 6751 Hyperbaric Oxygen Therapy Greater Than Two Months

Note: Audit 6751 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, O	22	**All except MRT and PASRR**	Detail	Yes	Yes	0

Disposition	M, O Full Failure	M, O Cutback
Paper Claim	Suspend	Suspend
ECS	Suspend	Suspend
Shadow	Pay	Pay
POS	Suspend	Suspend
Adjustments	Suspend	Suspend
Special Batch	Suspend	Suspend

Audit Description

This limitation audit will fail when the provider bills for hyperbaric oxygen therapy for more than two-months.

Audit Criteria

If the same provider bills procedure code 99180, 99182, or 99183 with any of the diagnosis listed in the following Table for more than two-months, fail this audit.

Provider specialty 212 (CSHCS care coordinator) will bypass this audit.

EOB Code

6751 – Reimbursement for hyperbaric oxygen therapy for more than two months requires documentation of medical necessity for continued treatment. Documentation is not present or insufficient to justify additional payment.

ARC Code

17 - Payment adjusted because requested information was not provided or insufficient/incomplete. Additional information is supplied using the remittance advice remark codes whenever appropriate.

Remark Code

N29 - Missing documentation, orders, notes, summary, report, chart.

Method of Correction

Full Failure
– Compare claim to suspense screen and correct any errors.
– If documentation submitted with claim justifies continued treatment for period of time billed, override the audit.
– If documentation is not present or insufficient to justify additional treatment, deny with EOB 6751.

Cutback
– Compare claim to suspense screen and correct any errors.
– If documentation submitted with claim justifies continued treatment for period of time billed, override the audit.
– If documentation is not present or insufficient to justify additional treatment, deny with EOB 6751.

Table 9-14.2 – Diagnosis Codes

Diagnosis Codes	
From	**To**
390	399
400	400
3485	3485
44421	44422
44481	44481
4471	4471
5080	5081
52689	52689
69289	69289
72886	72886
7301	73019
9031	9031
90301	90301
904	904
90441	90441
927	9299
9580	9580
986	986
9877	9877
9890	9890
990	990
9932	9933
99652	99652
9969	9969

9991	9991

Audit: ESC 6754 Hyperbaric Oxygen Therapy

Note: Audit 6754 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
O	22	All	Detail	**Yes**	Yes	0

Disposition	O Full Failure	O Cutback
Paper Claim	Suspend	Suspend
ECS	Suspend	Suspend
Shadow	Pay	Pay
POS	Suspend	Suspend
Adjustments	Suspend	Suspend
Special Batch	Suspend	Suspend

Audit Description

This limitation audit will fail when the provider bills revenue code 413 for more than two months.

Audit Criteria

If any provider bills revenue code 413 (hyperbaric oxygen therapy) for more than two months, fail this audit with EOB 6754.

Provider specialty 212 (CSHCS care coordinator) will bypass this audit.

EOB Code

6754 – Reimbursement for hyperbaric oxygen therapy for more than two months requires documentation of medical necessity for continued treatment. Documentation is not present or is insufficient to justify additional payment.

ARC Code

17 - Payment adjusted because requested information was not provided or insufficient/incomplete. Additional information is supplied using the remittance advice remark codes whenever appropriate.

Remark Code

N225 – Incomplete, invalid documentation, orders, notes, summary, report, or chart

Method of Correction

Full Failure

- Compare claim to suspense screen and correct any errors.

– If documentation submitted with claim justifies continued treatment for period of time billed, override the audit.
– If documentation is not present or is insufficient to justify additional treatment, deny with EOB 6754.

Cutback
– Compare claim to suspense screen and correct any errors.
– If documentation submitted with claim justifies continued treatment for period of time billed, override the audit.
– If documentation is not present or is insufficient to justify additional treatment, deny with EOB 6754.

Audit: ESC 6806 Limit, Butorphanol Nasal Spray, one per Month

Note: Audit 6806 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	0	All	Header	Yes	Yes	

Disposition	P	Q
Other	Deny	Deny
Shadow	Pay	Pay
Point of Service w/o attach	Deny	Deny
Shadow Replacement	Deny	Deny
Shadow Claims Void	Deny	Deny

Audit Description

This limitation audit will fail when a recipient is 0 to 999 years of age and has exceeded one bottle of Butorphanol Nasal Spray within one month.

Audit Criteria

If the recipient is 0 to 999 years of age and has exceeded one bottle of Butorphaol Nasal Spray within one month, fail this audit with EOB 6807.

EOB Code

6807 – Plan/PDL limits exceeded- NDC requires PA

ARC Code

62 – Payment denied/ reduced for absences of or exceeded precertification/ authorization

Remark Code

N66 – Missing, incomplete, or invalid documentation.

N29 - Missing documentation, orders, notes, summary, report, or invoice.

NCPDP Reject Code

76 – Plan Limitations Exceeded.

Method of Correction

Claims failing this Audit will be systematically denied.

Audit: ESC 6858 Excessive Nursing Home Visits – More Than One per 27 Days

Note: Audit 6858 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	**All except MRT and PASRR**	Detail	Yes	Yes	0

Disposition	Full Failure	Cutback
Paper Claim	Suspend	Suspend
ECS	Suspend	Suspend
Shadow	Pay	Pay
POS	N/A	N/A
Adjustments	Suspend	Suspend
Special Batch	Suspend	Suspend

Audit Description

This limitation audit will fail when a member has more than one nursing home physician level of care visit within 27 days.

Audit Criteria

If a provider bills for a nursing home visit (99301-99303, 99311-99313, 99321-99323, 99331-99333) and payment has been made to the same provider for another nursing home visit for the same member within 27 days of the date of service on the claim, fail this audit.

Provider specialty 212 (CSHCS care coordinator) will bypass this audit.

EOB Code

6858 – Reimbursement limited to one nursing home visit per member, per month. Documentation not present or insufficient to justify additional visits.

ARC Code

119 - Benefit maximum for this time period or occurrence has been reached.

Remark Code

N29 - Missing documentation, orders, notes, summary, report, or invoice.

Method of Correction

Full Failure

- Compare claim to suspense screen and correct keying errors, if any.

– If there are no errors, route to the medical policy specialist.
– If claim documents that visit was to render a specific treatment that is normally provided only by a physician, override the audit.
– If claim documents that visit was for treatment of an emergent, urgent or acute condition/symptoms, override the audit.
– If no documentation is provided or claim indicated treatment is for a chronic condition that does not indicate medical necessity, deny with EOB 6858.

Cutback
– Claims failing this audit systematically cutback.

Audit: ESC 6917 Global – Home Uterine Monitoring (Tocolytic Therapy)

Note: Audit 6917 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H	21	All	Detail	No	Yes	0

Disposition	H
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	Deny
Special Batch	Deny

Audit Description

This unbundling audit will fail when the same provider bills for any of the components in Table 9-17.3 of tocolytic services and history shows that payment has already been made to that provider for home tocolytic services (Z5016, Z5017).

Audit Criteria

If the same provider bills for any of the components in Table 9-17.3 of tocolytic services and history shows that payment has already been made to that provider for home tocolytic services (Z5016, Z5017), fail this audit with EOB 6916.

EOB Code

6917 – Separate reimbursement is not available for global procedure when component procedures have been paid.

ARC Code

62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.

Remark Code

N29- Missing documentation, orders, notes, summary, report, or invoice.

Method of Correction

Claims failing this audit systematically deny.

Table 9-17.1 – Audit Criteria Procedure Codes

Global			Component		
Procedure From	**Procedure To**	**Modifier**	**Procedure From**	**Procedure To**	**Modifier**
A4206	A4247	**	Z5016	Z5016	**
A4206	A4247	**	Z5017	Z5017	**
A4558	A4558	**	Z5016	Z5016	**
A4558	A4558	**	Z5017	Z5017	**
A4630	A4630	**	Z5016	Z5016	**
A4630	A4630	**	Z5017	Z5017	**
A4649	A4649	**	Z5016	Z5016	**
A4649	A4649	**	Z5017	Z5017	**
A4655	A4655	**	Z5016	Z5016	**
A4655	A4655	**	Z5017	Z5017	**
A4820	A4820	**	Z5016	Z5016	**
A4820	A4820	**	Z5017	Z5017	**
A4913	A4913	**	Z5016	Z5016	**
A4913	A4913	**	Z5017	Z5017	**
A4914	A4914	**	Z5016	Z5016	**
A4914	A4914	**	Z5017	Z5017	**
A4927	A4927	**	Z5016	Z5016	**
A4927	A4927	**	Z5017	Z5017	**
E0781	E0781	**	Z5016	Z5016	**
E0781	E0781	**	Z5017	Z5017	**
E0791	E0791	**	Z5016	Z5016	**
E0791	E0791	**	Z5017	Z5017	**
A6020	A6020	**	Z5016	Z5016	**
A6020	A6020	**	Z5017	Z5017	**
E0784	E0784	**	Z5016	Z5016	**
E0784	E0784	**	Z5017	Z5017	**

Audit: ESC 6918 Diabetes Management Limited to 16 Units

Note: Audit 6918 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	**All except MRT and PASSR**	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	N/A
Adjustments	Deny
Special Batch	Deny

Audit Description

This limitation audit will fail when more than 16 units of diabetes self-management training are billed for the same member within any 12-month period.

Audit Criteria

If more than 16 units of diabetes self-management training (Z5021) are billed by any provider in any 12-month period, fail this audit with EOB 6918.

Provider specialty 212 (CSHCS care coordinator) will bypass this audit.

EOB Code

6918 – Reimbursement is limited to 16 units of diabetes self-management training per member, per 12 months unless prior authorization for additional has been obtained.

ARC Code

62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.

Remark Code

N66 – Missing, incomplete, or invalid documentation.

N29 - Missing documentation, orders, notes, summary, report, or invoice.

Method of Correction

Claims failing this audit systematically deny.

Audit: ESC 6920 Diabetes Management Limited to 8 Units per 12 Month Period

Note: Audit 6920 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	00	**All except MRT and PASRR**	Detail	Yes	Yes	0

Disposition	Full Failure	Cutback
Paper Claim	Deny	Pay
ECS	Deny	Pay
Shadow	Deny	Pay
POS	Deny	Pay
Adjustments	Deny	Pay
Special Batch	Deny	Pay

Spend-Down

Claims will credit spend-down when denied or cutback.

Audit Description

This limitation audit will fail when more than 8 units of Diabetes Self Management Training are billed for the same recipient within any 12 month period.

Audit Criteria

If more than 8 units of Diabetes Self Management Training (G0108-G0109) are billed by any provider in any 12-month period, fail this audit with EOB 6920.

Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

EOB Code

6920 – Reimbursement is limited to 8 units of diabetes self management training per recipient per 12 months unless prior authorization for additional has been obtained.

ARC Code

62 - Payment Denied/Reduced for absence, of, or exceeded, pre-certification authorization.

Remark Code

N66 – Missing, incomplete, or invalid documentation.

N29 - Missing documentation, orders, notes, summary, report, or invoice.

Method of Correction

Claims failing this audit will be systematically denied

Audit: ESC 6921 Initial Waiver Evaluation Limited To One Every Six Months Per Member

Note: Audit 6921 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	22	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Deny
W/Attachments	Suspend
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Deny
Special Batch	Suspend

Audit Description

This limitation audit will fail when more than one initial *Developmentally Disabled Waiver Diagnostic and Evaluation* (Z5112) or *Initial Waiver Psychiatric Evaluation* (Z5113) is billed in a six (6) month period.

Audit Criteria

If the same or different provider bills more than one evaluation in a six (6) month period, fail this audit with EOB 6921.

EOB Code

6921 – Initial Developmentally Disabled Waiver Diagnostic and Evaluation allowed once every six (6) months per member.

ARC Code

62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.

Remark Code

None Recommended.

Method of Correction

Suspended claims are to be reviewed by the Medical Policy Unit for medical necessity. If a significant change in the member's condition is documented, the claim should be forced to pay. If the documentation does not support an additional evaluation, the claims should be denied.